

A Vision and Strategy: Hepatitis C in New Mexico

*Prepared by the
New Mexico Hepatitis C Alliance*

2004

April, 2004

*This Strategy was created and produced by the
New Mexico Department of Health in partnership
with the New Mexico Hepatitis C Alliance
and Carolyn J.C. Thompson.*

I am pleased to present an important new document that reflects the hard work of many organizations and individuals in New Mexico interested in hepatitis C: *A Vision and Strategy: Hepatitis C in New Mexico*.

You may be reading this strategy because you are living with hepatitis C, or because you care about the effect of hepatitis C on a loved one or on your community. Whatever leads you to take an interest in hepatitis C activities in New Mexico, I encourage you to be inspired and involved in the exciting efforts spearheaded by the New Mexico Hepatitis C Alliance.

- Hepatitis C is a significant issue facing New Mexicans:
- At least 32,000 people in New Mexico have been infected with hepatitis C.
 - New Mexico has the highest rate in the country of mortality due to cirrhosis and liver disease.
 - Health care costs associated with hepatitis C are expected to peak in 2015.

In November 2003, the New Mexico Hepatitis C Alliance was formed to create a network of individuals concerned about hepatitis C and committed to minimizing its impact on the communities of New Mexico.

Within this document you will find strategies with well-developed rationales, potential action steps, suggested measures of success, and worksheets to assist you in your planning and action development. Together, we can reduce the harm of hepatitis C on our friends, families, and communities.


Sincerely,

Joyce Naseyowma-Chalan, M.P.H.
Director, Public Health Division

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THE NEW MEXICO HEPATITIS C ALLIANCE

Background

New Mexico's Hepatitis C Alliance, and its 2004 Strategic Plan for New Mexico, are the natural outcome of a long held and deepening concern about the hepatitis C epidemic, and its social and economic impacts on our state.

In response to this concern, in the fall of 1999 the New Mexico Department of Health's Public Health Division, in partnership with the University of New Mexico Health Sciences Center and University of New Mexico School of Medicine (and hosted by Lovelace Medical Education), convened the first statewide Hepatitis C Consensus Conference. The supporters of this initial conference included the Centers for Disease Control and Prevention (CDC), Center for Substance Abuse Treatment (CSAT), Hepatitis Foundation International, U.S. Indian Health Service, New Mexico Medical Society, New Mexico Medical Review Association, Presbyterian Healthcare Foundation, Los Alamos National Laboratory, Sandia National Laboratories, S.E.D. Medical Laboratories, and TriCore Reference Libraries.

This initial two-day conference, held in Albuquerque on September 30 and October 1, focused on two primary long-range objectives: (1) developing community standards of care for the evaluation, prevention, and treatment of the hepatitis C virus (HCV) infection, and (2) exploring systems of services and mechanisms for funding these efforts. Over 100 public and private health professionals were invited to attend the conference, and a wide range of topics and materials on hepatitis C were presented.

The first Consensus Conference organized and energized the consensus building process that would later give rise to the Hepatitis C Alliance in 2003.

An equally successful second Hepatitis C Consensus Conference followed the success of our first conference. Our second conference, held on April 6, 2001, had similar partnerships and supporters. This second conference provided needed updates on hepatitis C, but focused on hosting working groups, each charged with developing recommendations for building and implementing much-needed systems of services, screening and treatment guidelines, standards of care, strategies for community education and networking, and for developing and using information technologies appropriate for our multicultural, rural state.

These recommendations gave us the foundation we needed to take the next step: from consensus to action.

Thus, the inaugural meeting of the New Mexico Hepatitis C Alliance, composed of Consensus Conference members and other stakeholders, was held on November 13 and 14 of 2003 at the Wyndham Garden Hotel in Albuquerque, New Mexico. The New Mexico Department of Health, Public Health Division and the University of New Mexico School of Medicine and Health Sciences Center sponsored the event. Schering-Plough, Roche Laboratories, and Pfizer co-sponsored the meeting.

The meeting utilized the recommendations from the previous consensus building conferences, and focused on developing the strategic plan necessary to address hepatitis C for the state of New Mexico. Invitees Congressman Tom Udall and Congresswoman Heather Wilson agreed to be the honorary co-chairs of our Alliance.

By early 2004 the New Mexico Hepatitis C Alliance had drafted its vision, mission, guiding principles, core and supporting processes, and accompanying strategies into a strategic plan, “A Vision and Strategy: Hepatitis C in New Mexico.”

From building consensus to strategizing a plan of action, the New Mexico Hepatitis C Alliance is now poised to begin the next phase of addressing the hepatitis C epidemic: the implementation of our strategic plan!

Our Vision

A compassionate, non-judgmental society that ensures education and universal, equitable access to resources to prevent, manage, and cure HCV infection, and support all of those infected and affected by this disease.

Our Mission

The mission of the New Mexico Hepatitis C Alliance is to create, coordinate, and inspire participation in the “parade” that will bring individual, community, state, and national awareness and resources to hepatitis C prevention and treatment.

Our Guiding Principles for Decision Making and Action

- The New Mexico Hepatitis C Alliance...
- ... advocates for equal access to quality hepatitis C treatment, information, education, prevention, and support services for all individuals.
 - ... respects the rights of each individual to make his or her own decisions.
 - ... acknowledges the value, integrity, and privacy of each individual, regardless of infection or risk status.
 - ... strives for honesty and accountability in our relationships with each other, with partner organizations, and with communities.
 - ... makes decisions based on accurate, up-to-date information and evidence.
 - ... supports the principles of harm reduction.

Leverage Points: Opportunities for Positive Change

- Partnering with and educating legislative and political decision makers
- Collaborative opportunities within the Alliance as well as with other agencies and organizations
- Recognizable champions, such as celebrities and high visibility educators, who can bring attention to hepatitis C issues
- Schools, which provide early opportunities to educate large groups of young people
- Drug Policy: Reforming and reframing drug use as a health issue
- The media as a vehicle for increasing public awareness and education
- Partnering with jail and prison systems to test and implement education, prevention, and treatment efforts
- The power of the population of people who are infected and affected to bring widespread attention to the issues related to hepatitis C

Core Processes

Core processes are the major areas of activity required to achieve the vision.

- Prevention
- Screening and Testing for Early Detection
- Public Education
- Professional Training
- Medical Management: For People Living with Hepatitis C
 - o Treatment
 - o Reducing Health Consequences
 - o Client and Caregiver Support
- Surveillance

Supporting Processes

Supporting processes are those activities that support and enable the effectiveness of the core processes.

- Political Engagement and Advocacy
- Information Technology Support
- Communications: Internal and External
- Ongoing Evaluation
- Research

Strategies

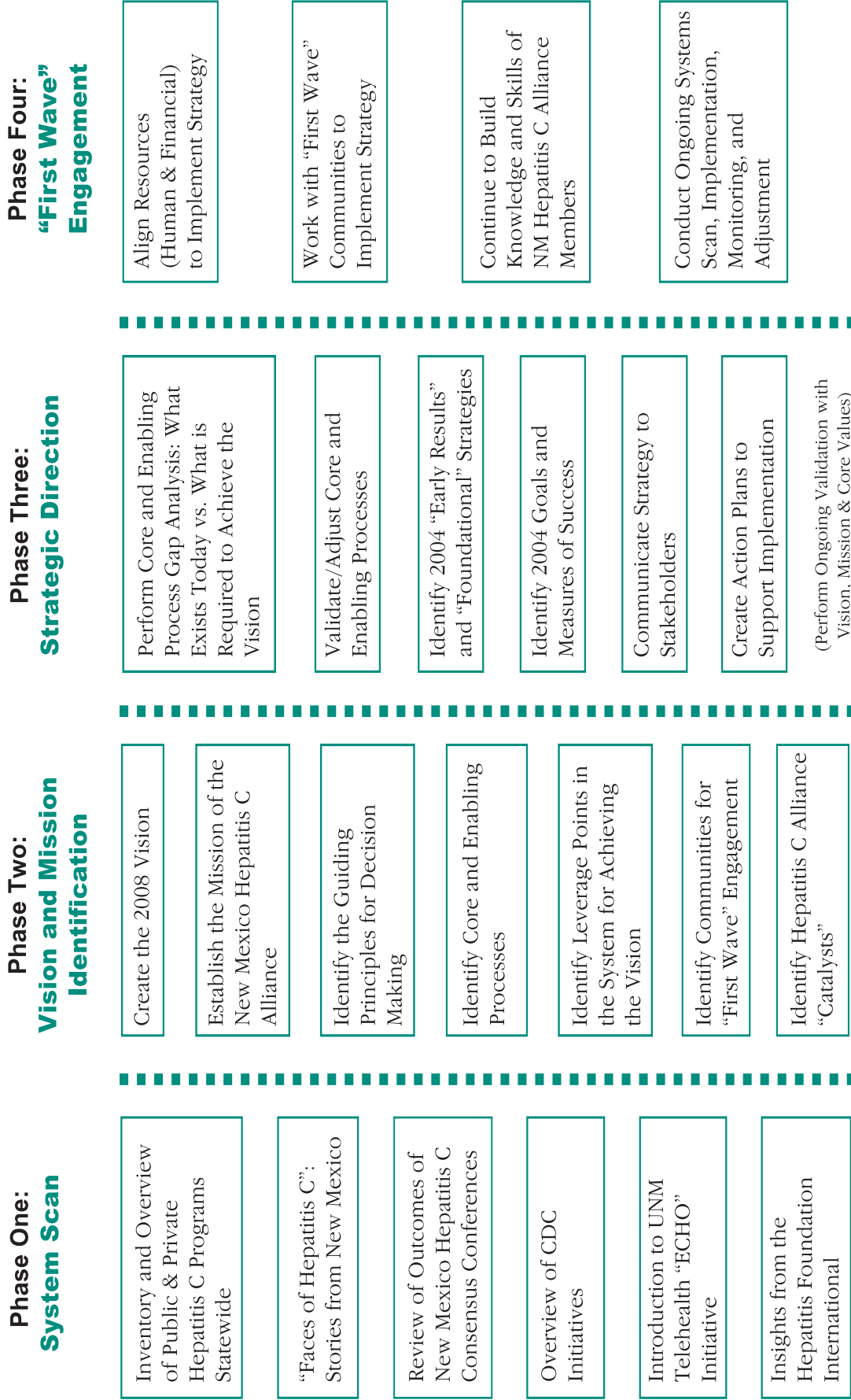
Strategies are areas of critical focus through which the New Mexico Hepatitis C Alliance will achieve its Vision.

New Mexico Hepatitis C Alliance Catalysts have created Early Results Strategies and Foundational Strategies within each Core and Supporting Process.

Early Results Strategies were created to provide maximal impact in 2004 towards achieving the Vision.

Foundational Strategies are designed to shape five-year activities and have lasting effects on Alliance efforts to achieve the Vision in 2008.

New Mexico Hepatitis C Initiative
Whole Systems Strategic Planning Process



PREVENTION

Early Results Strategy

Increase the number of pharmacies throughout New Mexico that sell syringes without prescriptions.

Rationale for this Strategy: Increasing access to and utilization of clean needles decreases risk of hepatitis C among injection drug users.

Target Audiences: Pharmacy owners, pharmacists, injection drug users

Potential Activities to Achieve Success:

- Gather data to create baseline measure of number of pharmacies that currently sell syringes without prescriptions.
- Create and distribute lists of pharmacies throughout New Mexico that currently sell syringes without prescriptions.
- Create a promotional package with educational materials to encourage other pharmacies to “join the ranks.”
- Expand “NM HepLine” website to include listing of participating pharmacies and enrollment of new pharmacies.

Potential Measures of Success:

- Increase in the percent of pharmacies selling syringes without prescriptions.
- Increase in the percent of people who inject drugs reporting that they have purchased new syringes from a pharmacy.
- Among those people injecting drugs who report buying syringes at pharmacies, a decrease in the percent of people who report that they are reusing and/or sharing needles.
- Overall decrease in the percent of people reporting that they are reusing and/or sharing needles.

PREVENTION

Foundational Strategy

Focus on prevention in jails, capitalizing on lessons learned from the Public Health/Metropolitan Detention Center (MDC) partnership model.

Rationale for this Strategy: CDC recommends inclusion of hepatitis C prevention activities in correctional settings because the persons incarcerated in the correctional system are disproportionately affected by hepatitis C. Further, a substantial proportion of releasees to the community continue to transmit or acquire hepatitis C infection at a high rate. Focused efforts in these correctional settings can prevent new cases of hepatitis C.

Target Audiences: Jail leadership, medical staff, and detainees

Potential Activities to Achieve Success:

- Establish positive working relationships with every jail in the state of New Mexico.
- Partner with other public health initiatives to address the needs of jail inmates within correctional facilities and upon release.
- Work with the jails to develop and deliver comprehensive educational messages and prevention services to inmate populations.

Potential Measures of Success:

- Increase in the number of jails that have hepatitis prevention activities.
- Increase in the percent of jail detainees who report being offered hepatitis education, immunization, and referrals.
- Increase in the percent of jail detainees who receive hepatitis education, immunization, and referrals.

Prevention refers to the process of assisting people to reduce their risk of becoming infected with hepatitis C.

**Catalyst
Champion**
PREVENTION
STRATEGIES
Jeanne Block

SCREENING AND TESTING FOR EARLY DETECTION

Early Results Strategy

Increase hepatitis C testing among people at high risk.

Rationale for this Strategy: Targeted testing for people at high risk will help identify more hepatitis C cases at the earliest possible stage, potentially reducing spread of the disease and improving health outcomes for people infected.

Target Audiences: All professionals working with populations at high risk for hepatitis C

Potential Activities to Achieve Success:

- Partner with UNM and/or other training programs to offer phlebotomy training to staff of community-based organizations working with high-risk populations.
- Work with community-based organizations to remove barriers that may currently impede their testing capacity and capability.
- Strengthen systems that refer individuals to existing testing sites, including public health offices.

Potential Measures of Success:

- Increase in the number of trained phlebotomists working with high-risk populations.
- Increase in the percent of positive test results reported through Scientific Lab Division.
- Increase in the number of community-based organizations serving high-risk adults that offer hepatitis C screening and testing.

SCREENING AND TESTING FOR EARLY DETECTION

Foundational Strategy

Implement hepatitis C screening and testing in jails throughout New Mexico.

Rationale for this Strategy: CDC recommends inclusion of hepatitis C screening and testing in correctional settings because of the high prevalence of hepatitis C infection among inmates. Focused efforts in these correctional settings can identify new cases of hepatitis C.

Target Audiences: Jail leadership, medical staff, and detainees

Potential Activities to Achieve Success:

- Establish working relationship with every jail in NM.
- Develop sample protocol document outlining screening, testing and follow-up procedures for people tested in jails.
- Work with jail medical personnel to effectively implement protocols.

Potential Measures of Success:

- Increase in the number of jails that offer hepatitis C screening and testing to detainees.
- Increase in the percent of jail detainees who report that they were offered hepatitis C screening and appropriate testing.
- Increase in the percent of high-risk jail detainees who receive hepatitis C screening and appropriate testing.

Screening and Testing for Early Detection refers to the process of identifying new cases of hepatitis C at the earliest stage to reduce the impact of hepatitis C.

**Catalyst
Champion**

SCREENING
AND TESTING
FOR EARLY
DETECTION
STRATEGIES

*Diana
McCague*

PUBLIC EDUCATION

Early Results Strategy

Focus on General Adult Population

Identify and disseminate hepatitis C messages and materials that will educate the general population.

Rationale for this Strategy: Educating the general adult population will destigmatize hepatitis C disease and people living with the disease, by informing people about 1) basic information about hepatitis C disease and its consequences, 2) how hepatitis C is transmitted, 3) how to prevent hepatitis C infection, 4) how to find out if you are infected, and 5) what to do if you have it. By changing attitudes about who is at risk for hepatitis C, those at risk will be encouraged to seek services, including counseling, screening, and medical care.

Target Audiences: General adult population

Potential Activities to Achieve Success:

- Identify and disseminate educational messages that target the general population of New Mexico.
- Identify celebrity spokesperson to disseminate public education messages.
- Identify funding sources, donated resources, and volunteers to accomplish educational goals.

Potential Measures of Success:

- Increase in the percent of people polled who report accurate knowledge of hepatitis C.
- Decrease in the percent of people polled who report negative attitudes toward people with hepatitis C.

PUBLIC EDUCATION

Early Results Strategy

Focus on Youth

Ensure that viral hepatitis information is provided to every middle and high school in New Mexico.

Rationale for this Strategy: One common denominator for nearly all youth in New Mexico is that they go to school. Every school district has at least one nurse and/or someone accountable for health information and education. Therefore, schools become the most strategically appropriate location for the wide distribution of viral hepatitis educational materials for young people.

Target Audiences: School nurses, health education personnel, and youth in middle and high schools

Potential Activities to Achieve Success:

- Develop positive working relationships with key personnel in school districts and with the school nurse association.
- Distribute age-appropriate hepatitis C educational material to schools statewide.
- Host a viral hepatitis education and curriculum-building session for school nurses and health personnel that provides continuing education units.
- Determine level of knowledge about hepatitis C among middle and high school students.

Potential Measures of Success:

- 100% of school nurses and health educators have accurate knowledge about hepatitis C.
- 100% of middle and high school students have accurate knowledge about hepatitis C.
- 100% of schools in New Mexico will receive hepatitis C educational materials.
- 100% of school nurses and health educators report that hepatitis C educational materials are available to middle and high school students.

Public Education is the process of developing and delivering hepatitis C educational messages to various populations, including the general adult population, youth, and populations at high risk for hepatitis C.

PUBLIC EDUCATION

Early Results Strategy

Focus on Populations at High Risk for Hepatitis C
Provide education and materials for distribution through organizations that provide services to high-risk people throughout New Mexico.

Rationale for this Strategy: Harm reduction sites, substance use treatment centers, and organizations that provide health services are natural partners in the quest to reach high-risk populations with information about hepatitis C.

Target Audiences: Organizations that provide services to populations at high risk for hepatitis C, including: harm reduction sites, substance use treatment centers, and health centers

Potential Activities to Achieve Success:

- Create or identify a database of all New Mexico organizations that provide services to high-risk populations.
- Develop relationships with key personnel at the identified organizations.
- With the organizations as partners, identify or create hepatitis C educational materials and methods of distribution that are most likely to be understood and utilized by the people served.

Potential Measures of Success:

- Increase in percent of people served by these organizations who have accurate knowledge about hepatitis C.
- Distribute educational materials to 100% of organizations that provide services to persons at risk for hepatitis C.

PUBLIC EDUCATION

Foundational Strategy

Include viral hepatitis information as a mandatory part of the health curriculum in every middle and high school in the state of New Mexico.

Rationale for this Strategy: Mandatory inclusion of viral hepatitis information will help to ensure that the next generation will have the information they need to make healthy choices that will prevent these diseases.

Target Audiences: State Legislature, Secretary of Education, School Districts throughout New Mexico, Middle and High School Students, Parents

Potential Activities to Achieve Success:

- Develop a partnership between the Department of Health and the Department of Education to advocate for comprehensive viral hepatitis education in all middle and high schools.
- Develop relationships with key personnel in school districts throughout the state, including Boards of Education.
- Working with each district's school nurse(s) and/or health personnel, craft messages and/or testimony to present to decision-making bodies about the nature of the hepatitis C problem and the opportunity that we have through our schools to educate the next generation and prevent this disease.
- Investigate funding opportunities for the inclusion and evaluation of viral hepatitis educational curriculum in school health education.

Potential Measures of Success:

- 100% of school districts and private schools include viral hepatitis C information as a mandatory part of the health curriculum.
- Passage of statewide law mandating inclusion of viral hepatitis information in middle and high school curricula.

**Catalyst
Champion**

**PUBLIC
EDUCATION
STRATEGIES**

**Billie
Lattanza**

PROFESSIONAL TRAINING

Early Results Strategy

Provide hepatitis C training to all health professionals throughout New Mexico.

Rationale for this Strategy: People seek health information from medical or other health professionals in their communities. Educating these providers increases the quality of information and appropriate services available to persons affected by hepatitis C.

Target Audiences: All health professionals in New Mexico including: harm reduction providers, medical providers, substance use treatment providers, mental health providers, correctional medical providers, school health providers, and pharmacists

Potential Activities to Achieve Success:

- Update and tailor training for specific health professions.
- Build training capacity of communities through local and online resources.
- Conduct hepatitis C trainings to health professionals in New Mexico, offering continuing education units.
- Host NM Hepatitis C Consensus Conference annually.
- Provide online training and continuously updated hepatitis C information on NM HepLine website.
- Advertise NM HepLine website as an educational tool for providers.

Measures of Success:

- Increase in the percent of health professionals who have received hepatitis C training.
- Increase in the number of health professionals who access the NM HepLine website.
- Increase in percentage of health professionals who demonstrate accurate knowledge of hepatitis C “best practices” related to their profession.

PROFESSIONAL TRAINING

Foundational Strategy

Create a comprehensive ongoing educational process to ensure that health professionals throughout New Mexico have access to current hepatitis C information and “best practices.”

Rationale for this Strategy: As new models are tested and “best practice” recommendations change, a continuing educational system is needed to keep health professionals apprised of the most current information and treatment protocols.

Target Audiences: Health professionals throughout New Mexico

Potential Activities to Achieve Success:

- Work with partner organizations to offer hepatitis C training on regular and ongoing basis.
- Link with Project ECHO to provide virtual delivery of training and hepatitis C treatment certification to primary care providers.

Potential Measures of Success:

- Increase the number of health professionals in New Mexico who receive hepatitis C training on an ongoing basis.
- Increase the number of health professionals who have accurate, up-to-date knowledge, attitudes, and practices related to hepatitis C.

Professional Training refers to activities designed to increase knowledge of the provider community related to hepatitis C disease, its risk factors, counseling messages, treatment options, and treatment protocols.

**Catalyst
Champion**

**PROFESSIONAL
TRAINING
STRATEGIES**

**Gary
Simpson**

TREATMENT

Early Results Strategy

Increase the number of health care providers who provide hepatitis C treatment in rural areas of New Mexico.

Rationale for this Strategy: Increasing the number of health care providers treating and caring for people living with hepatitis C will increase the quality of life among people in a community, enable people to access care locally, and distribute the burden of treating HCV among multiple providers.

Target Audiences: Legislature, health care providers

Potential Activities to Achieve Success:

- Educate key policy makers about ECHO; coordinate with them to serve as spokespersons and champions for this approach.
- Identify health care providers who are interested in providing HCV treatment and link them to the ECHO network.
- Identify potential funding source(s) for ECHO.

Potential Measures of Success:

- Increase in amount of funding for implementation of ECHO model.
- Increase in the number of new providers accessing the ECHO network.
- Acceptance and use of ECHO as a major tool in hepatitis C treatment in New Mexico.
- Increase in the number of patients receiving medical evaluation in New Mexico.
- Decrease in morbidity and mortality associated with hepatitis C in New Mexico.

TREATMENT

Foundational Strategy

Expand Medicaid eligibility criteria to include uninsured and underinsured people living with hepatitis C.

Rationale for this Strategy: Inclusion of people with liver disease due to hepatitis C infection among the populations eligible for Medicaid coverage increases access to medical care for treatment of hepatitis C. Increasing access to care decreases morbidity and mortality rates associated to hepatitis C.

Target Audiences: NM Human Services Department, Medicaid program administration, legislators, insurance companies

Potential Activities to Achieve Success:

- Educate legislators on the hepatitis C community's need for financial resources to access medical care and enlist them as champions in the cause.
- Commission an independent cost/benefit analysis to compare the cost of hepatitis C treatment to the cost of not treating those infected.
- Publicize results to insurance companies, legislators, Medicaid officials, pharmaceutical companies, medical providers.

Potential Measures of Success:

- Production and dissemination of hepatitis C treatment cost/benefit analysis.
- Increase in access to medical care for uninsured or underinsured people living with hepatitis C.

Treatment refers to the clinical intervention to reduce or eliminate morbidity and mortality of hepatitis C.

**Catalyst
Champion**

TREATMENT
STRATEGIES

Alan
Firestone

REDUCING HEALTH CONSEQUENCES

Early Results Strategy

Educate people living with hepatitis C on the importance of reducing alcohol consumption and the progression of liver disease associated with alcohol consumption.

Rationale for this Strategy: Alcohol consumption accelerates liver disease in persons living with hepatitis C.

Target Audiences: People living with hepatitis C, health professionals

Potential Activities to Achieve Success:

- Partner with support groups to disseminate information about the negative impact of alcohol.
- Develop educational materials targeted at people living with hepatitis C to educate them about the risks of alcohol use.

Potential Measures of Success:

- 100% of support group attendees will understand the negative impact of alcohol.
- Decrease in the reported amount of alcohol consumed by support group attendees.

REDUCING HEALTH CONSEQUENCES

Foundational Strategy

Increase the availability and accessibility of hepatitis A and B vaccine to persons living with hepatitis C.

Rationale for this Strategy: People living with hepatitis C who become co-infected with hepatitis A and/or hepatitis B can sustain serious, accelerated liver damage and possibly death. Hepatitis A and B immunization effectively prevents acquisition of hepatitis A and B viruses.

Target Audiences: Providers serving persons living with hepatitis C

Potential Activities to Achieve Success:

- Work with all insurance companies in New Mexico to increase coverage of hepatitis A and B vaccine.
- Create and distribute a comprehensive list of all free or sliding-scale vaccine providers and clinic hours.
- Create partnerships between public health and providers to increase provision of vaccine, including support group administrators.
- Create and implement reminder recall and tracking systems to increase vaccine series completion.
- Support and advocate for the development of effective electronic solutions to address hepatitis C, including the Statewide Immunization Information System.
- Increase awareness of importance of hepatitis A and B immunization among people living with hepatitis C who attend support groups.

Potential Measures of Success:

- Increase in the percent of insurance companies that cover hepatitis A and B vaccine for patients living with hepatitis C.
- Increase in the number of sites where hepatitis A and B vaccine is available.
- Increase in the percent of providers who administer hepatitis A and B vaccine to persons living with hepatitis C or refer them to sources of free vaccine.
- 100% of persons attending support groups will have been offered hepatitis A and B vaccine.

Reducing Health Consequences refers to activities that minimize the impact of hepatitis C on the health of people living with the disease.

**Catalyst
Champion**

**REDUCING
HEALTH
CONSEQUENCES
STRATEGIES**

**Bobbie
Peppers**

CLIENT AND CAREGIVER SUPPORT

Early Results Strategy

Increase the quality of hepatitis C information provided through support groups to people living with hepatitis C.

Rationale for this Strategy: Providing training on hepatitis C, appropriate counseling messages, available community resources, and support group facilitation will increase the effectiveness of the support groups, thereby building strong community support networks and providing accurate and useful education to persons living with hepatitis C.

Target Audiences: Support group facilitators, persons living with hepatitis C, health care providers, and mental health providers

Potential Activities to Achieve Success:

- Work with communities to increase the number of hepatitis C support groups available to persons living with hepatitis C.
- Develop a support group leaders' manual based on "best practices," to provide infrastructure for hepatitis C support groups and learning objectives to support group facilitators and support group participants.
- Train support group leaders on ways to incorporate the leaders' manual into the facilitation of their support group.
- Publicize existing support options using print and web-based media.

Measures of Success:

- Increase in percent of support group participants who rate the information disseminated through support groups as being appropriate and highly satisfactory.
- 100% of hepatitis C support group facilitators use support group manual as a guide for their groups.
- 100% of hepatitis C support group facilitators attend hepatitis C training.

CLIENT AND CAREGIVER SUPPORT

Foundational Strategy

Increase the number of support groups for family members and caregivers of persons living with hepatitis C.

Rationale for this Strategy: Caregivers and family members with strong, functional support networks are better able to positively support people living with hepatitis C and cope with the stresses associated with caring for a person living with hepatitis C.

Target Audiences: Support group facilitators, family members and caregivers of people living with hepatitis C, community-based organizations, faith-based organizations, health care providers, and mental health providers

Potential Activities to Achieve Success:

- Bring statewide attention to the challenges faced by families and caregivers of people living with hepatitis C.
- Enhance existing support group content to address the needs of caregivers.
- Partner with community organizations to increase the number of support groups available to caregivers and family members of people living with hepatitis C.

Potential Measures of Success:

- Increased number of support groups targeting families, friends, caregivers of people living with hepatitis C.
- Increase in percent of family members/caregivers who rate the support groups as effective and sensitive to their needs.

Client and Caregiver Support refers to services for clients, their families, and caregivers to assist clients in accessing medical services, in living with hepatitis C, and in completing treatment.

Catalyst Champion

CLIENT AND
CAREGIVER
SUPPORT
STRATEGIES

Janet
Brown

Faces of Hepatitis C: Tricia Monaghan



Tricia Monaghan lives in Albuquerque and is an attorney currently practicing civil law very part time (as her health allows). She's been a lawyer since 1996 and has 10 years' experience as a

commercial banker. She is married and has two daughters.

I was in a head-on automobile collision in June of 1989 in which I suffered multiple, severe injuries and lost most of my blood. I had numerous surgeries and blood transfusions and evidently acquired hepatitis C from the transfusions.

During the winter of 2002, I developed blisters and scabs all over the back of my hands. A dermatologist initially diagnosed my problem as Porphyria cutanea tarda (PCT) and ordered additional lab testing. He subsequently confirmed that I had PCT, and the tests also showed that I had hepatitis C antibodies. He told me that PCT, an extra-hepatic (outside the liver) condition is often associated with HCV.

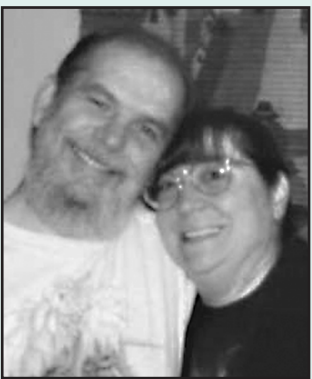
It was confirmed that I was suffering from chronic HCV, genotype 1. I also had to deal with the complication of PCT, which caused me to have a dangerously high iron overload. Successful eradication of HCV from the body requires that iron levels in the liver and blood be at very low levels. To reduce my iron levels and treat the PCT, I would need to have frequent phlebotomies, or blood removal.

After I began treatment I experienced severe side effects initially, however they were short lived and intermittent. The next several months I suffered from more frequent and constant side effects. The worst side effects for me have been extreme nausea, which led me to lose my appetite and 25 pounds. The side effects have gotten progressively worse. Most days I feel sick: nauseated, stomach pains, headaches, body aches, and often a low-grade fever. For 6 months I have suffered from severe anemia, low red blood cell count, and low white blood cell count, requiring weekly injections of EPO and B12.

Due to the HCV symptoms and especially the side effects of treatment, I hardly have been able to work at all. I rarely socialize at all anymore. The side effects also are tough on family life. I am usually feeling too sick or tired and moody to participate in many activities, or even cook meals or clean. I feel guilty and bad for my daughters and husband. But fortunately, they are there for me – most of the time. An extensive support system made up of family, friends, and a support group is recommended for people undergoing HCV treatment.

On the upside, my liver enzymes have declined and are in normal range and my viral load is undetectable. Thus, I optimistically believe that all this pain and discomfort are the result of the HCV being killed and eliminated. I also believe that I will be in the 40-some percentage of HCV genotype 1 successes with a sustained response.

Faces of Hepatitis C: Deborah James



Deborah James has worked in health-care for the last 29 years. She is married to David, who was successfully treated for hepatitis C in 2002, and was still virus free one year later.

My husband David is 53 years old. In 1979 he was in an accident that resulted in the amputation of his right leg. He received 22 units of blood during this traumatic surgery. Unfortunately the blood was tainted with hepatitis C, and we did not know.

After blood testing at the time of back surgery in 1992, David was told he had hepatitis C. People we knew were worried that it was highly contagious and thought they should stay away. Those who didn't think he was a junkie decided that he was an alcoholic.

After several years of relative well being, toward the end of 2001 David began feeling ill, with poor appetite, bloated belly, confusion, memory problems, and depression. We made the difficult decision for David to begin treatment with ribavirin and pegylated interferon. We weren't prepared for the side effects because everything went so well after the first treatment. I thank God that I have been a healthcare provider for almost my entire life. I don't know how people without the benefit of that experience could deal with the severity of the side effects that David

experienced. But even for me, it was difficult. I was a basket case from fighting for insurance coverage, we were deep in debt from the cost of treatment, and David went bald, dropped 55 pounds, cursed at me and couldn't remember a thing.

After 6 months, we went to see the doctor, who agreed that David should continue treatment for 3 more months. I couldn't imagine how either of us would survive. Caregivers need support groups or hotlines to call when they are at the end of their rope. We are the ones who have to work if our family member is too weak and ill from the disease and treatment, we are the ones who have to deal with the insurance companies, we are the ones who have to do the cooking and cleaning and shopping. And, we attempt to do it while totally exhausted, physically, emotionally and spiritually, with a smile on our faces so our family member will heal.

In the end, after 9 months of the worst course of drug therapy I have seen in close to 30 years of working with patients, we survived. Was it worth it? Hell yeah. I have David back, with hair and his potbelly, and his personality. And, more important than all of that, he is VIRUS FREE, and if you ask David, he would go through it all again.

Patients and their families need help fighting for insurance, and both patients and caregivers need support groups and other assistance. This can't happen overnight, but it can happen over time, if there is a vision and a mission and we are not forgotten.

SURVEILLANCE

Early Results Strategy

Design, test, and refine an effective system within the Department of Health for statewide hepatitis C surveillance.

Rationale for this Strategy: Currently, there is no effective method of data collection or management for acute and chronic cases of hepatitis C statewide. Designing an effective surveillance system is the first step in understanding, preventing, and managing hepatitis C statewide.

Target Audiences: Persons infected with hepatitis C, health care providers

Potential Activities to Achieve Success:

- Engage Department of Health senior leadership to support the creation of a hepatitis C surveillance system in New Mexico as a strategic imperative.
- Engage key contributors from Office of Epidemiology to help define system requirements and identify costs, then to design, test, and refine surveillance system.
- Research effective surveillance systems in other states or jurisdictions.
- Clean up existing surveillance data.
- Hire personnel needed to oversee surveillance system and input data.
- Develop a process, including protocol and flow chart, for getting clinical data on hepatitis C cases necessary to make case determination. Hire personnel needed to collect case determination data for surveillance system.
- Build collaborations with key data contributors for the proposed surveillance system (labs, providers, jails, etc.).
- Build, test, and refine the hepatitis C surveillance system using input from all contributors to the system.

Potential Measures of Success:

- Current surveillance data is clean.
- Functional hepatitis C surveillance system is in place that generates accurate reports about the incidence and prevalence (number of cases) of hepatitis C in New Mexico.

SURVEILLANCE

Foundational Strategy

Implement the New Mexico hepatitis C surveillance system.

Rationale for this Strategy: Currently, there is no effective method of data collection or data management for acute and chronic cases of hepatitis C statewide. Implementing an effective surveillance system is necessary to the understanding, prevention, and management of hepatitis C statewide.

Target Audiences: Persons infected with hepatitis C, health care providers

Potential Activities to Achieve Success:

- Establish reporting relationships with medical providers throughout New Mexico who provide hepatitis C testing and/or treat persons living with hepatitis C.

Potential Measures of Success:

- 100% of health care providers are reporting clinical data on hepatitis C positive patients.
- Surveillance system generates accurate reports about the incidence and prevalence (number of cases) of hepatitis C in New Mexico.

Surveillance is the ongoing and systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice. Surveillance also encompasses timely dissemination of these data and their translation into action.

**Catalyst
Champion**
SURVEILLANCE
STRATEGIES
*Tim
Rogers*

SUPPORTING PROCESS: POLITICAL ENGAGEMENT AND ADVOCACY

Early Results Strategy

Present the Hepatitis C Strategy to the Secretary of Health, Director of Public Health, Secretary of Human Services, Secretary of Education, Honorary Co-Chairs of the Hepatitis C Alliance, key legislators, and the Governor of New Mexico for the purpose of inspiring enthusiasm and creating momentum to move the strategy forward as part of the Governor’s statewide agenda.

Rationale for this Strategy: As has been demonstrated with other important health issues in New Mexico, gaining the understanding and support of key opinion leaders and decision makers is vital to bringing widespread attention and securing resources to address the problem.

Target Audiences: Secretary of Health, Director of Public Health, Secretary of Human Services, Secretary of Education, Honorary Co-Chairs of the NM Hepatitis C Alliance, key legislators, the New Mexico Drug Policy Project, The Governor, Governor’s Task Force on HIV and AIDS, New Mexico HIV Community Planning and Action Group

- Potential Activities to Achieve Success:**
- Finalize the NM Hepatitis C Strategy tool.
 - Develop “talking points” to succinctly and clearly present the strategy.
 - Create press releases describing the work of the NM Hepatitis C Alliance and the strategy it has developed.
 - Schedule appointments to present the strategy to target audience.

- Potential Measures of Success:**
- Strategy tool is ready for target audience.
 - All members of the targeted audience understand and can articulate the issue, the vision, and the strategies to achieve the vision.
 - The governor moves hepatitis C forward as part of his health agenda.

SUPPORTING PROCESS: POLITICAL ENGAGEMENT AND ADVOCACY

Foundational Strategy

Educate and gain support for the Hepatitis C Strategy from key decision makers and opinion leaders in communities.

Rationale for this Strategy: In order for communities to successfully implement the strategy, key decision makers must be supportive of the vision and the means to achieve it, through communication and resources.

Target Audiences: Key political leaders and decision makers in communities

- Potential Activities to Achieve Success:**
- Identify the key decision makers in each community.
 - Partner with key alliance members and community champions to strategize the approach for presenting and gaining support for the hepatitis C vision and strategy to the key decision makers and opinion leaders.
 - Meet with the targeted audiences to present the vision, strategy, and ways for them to support implementation.

- Potential Measures of Success:**
- Engaged communities have well-positioned individuals serving as sponsors, supporters, and spokespersons for the implementation of the hepatitis C strategy.

Political Engagement refers to activities focused on educating and partnering with elected officials and other policy makers for the purpose of achieving the vision.

**Catalyst
Champion**
**POLITICAL
ENGAGEMENT
AND ADVOCACY
STRATEGIES**
*Reena
Szczepanski*

SUPPORTING PROCESS: INFORMATION TECHNOLOGY SUPPORT Early Results *and* Foundational Strategy

Expand the technical capabilities of the “NM HepLine” website.

Rationale for this Strategy: The NM HepLine website (<http://www.healthlinknm.org/nmhepline/index.html>) is currently designed for primarily clinical and medical professional use. The Alliance will need a website that is also useful for Alliance members, people living with hepatitis C, and the general population.

Target Audiences: Alliance members, providers, people living with hepatitis C, caregivers of people living with hepatitis C, schools, the general public

Potential Activities to Achieve Success:

- Hire a Webmaster for the NM HepLine website.
- Survey potential user groups to determine needs and requirements.
- Update the website.

Potential Measures of Success:

- Enhanced “NM HepLine” up and running by the end of June 2004.
- Users report ease of use and satisfaction with overall capabilities of and information on the website.

Information Technology Support is the application of expertise to create, implement, and troubleshoot technology to serve the people working to achieve the vision.

**Catalyst
Champion**

INFORMATION
TECHNOLOGY
SUPPORT
STRATEGIES

*Clay
Dillingham*

Faces of Hepatitis C: Roxann Urquidez



Roxann Urquidez resides in Roswell, New Mexico. She embarked on her career in 1994 with Alianza of New Mexico, then known as the Pecos Valley Resource Center, as a part-time receptionist. Since 1999 she has served as Alianza’s Prevention Program Manager. Roxann is in her fourth year at Highland University, pursuing a Bachelor’s degree in Social Work.

A 1997 seroprevalance study in New Mexico showed injection drug users had a 70-80 percent rate of infection with hepatitis C. Through Alianza, clients in the New Mexico Harm Reduction Program in the Roswell area exchange up to 4,000 syringes in a four-hour period per week. We hope that by providing clients with clean needles and educating them about the transmission of blood-borne diseases such as hepatitis C and HIV, we can help those who are infected reduce transmission of these viruses to

others, and help those who are uninfected stay that way.

Many of our clients are coinfectd with HIV and HCV. Some of them say “What difference does it make that I have HCV? I have HIV, and that’s the worst.” Unfortunately, the medications they take for HIV are so toxic that they devastate people who are coinfectd with hepatitis C.

Alianza tests people for HCV. When a test is positive, we tell a person he or she has HCV, and we advise them to go out and get assistance. We remind them not to drink alcohol and to get hepatitis A and B vaccinations. One of our frustrations is that Alianza cannot provide treatment for hepatitis C, so we have to refer our clients to other health care providers.

Some of the challenges we face in our community as harm reductionists are: 1) the need for emotional and psychological support for people with hepatitis C, and 2) the need for medical care, which is particularly difficult for underserved populations in a rural area.

SUPPORTING PROCESS: INTERNAL COMMUNICATIONS

Early Results Strategy

Develop the New Mexico Hepatitis C Alliance website as part of “NM HepLine” and post comprehensive and timely website content, specific to the needs of the members of the New Mexico Hepatitis C Alliance.

Rationale for this Strategy: Using the Internet as a primary communications tool for members of an organization is cost effective and efficient. Making certain that the content of the website is pertinent and current is critical to the members’ ability to carry out their mission and achieve their vision.

Target Audiences: Members of the New Mexico Hepatitis C Alliance

Potential Activities to Achieve Success:

- Survey Alliance members to determine information they would like to have available to them on the website.
- Develop the Alliance website based upon members’ needs, partnering with other organizations skilled in website development, including New Mexico AIDS Education and Training Center.
- Create a process for members to post new information to the website.
- Develop a library of Hepatitis C educational materials and publish it on the NM HepLine website.
- Develop a system for evaluating the content of educational materials for accuracy, thoroughness, age appropriateness, etc.

Potential Measures of Success:

- Alliance members rate the website as being highly useful, user-friendly, and timely.
- Alliance members report visiting the website regularly to gain information about the Alliance’s activities.
- Alliance members rate the content of the materials library as being highly appropriate and report utilizing the links provided to obtain hepatitis C educational materials.

SUPPORTING PROCESS: INTERNAL COMMUNICATIONS

Foundational Strategy

Develop and implement a plan to inspire and ensure the ongoing engagement and education of Hepatitis C Alliance Members.

Rationale for this Strategy: Maintaining the interest, momentum, and commitment of the people working to achieve a vision is critical for the success of any major initiative.

Target Audiences: Members of the New Mexico Hepatitis C Alliance, Alliance “Catalysts,” Champions for Areas of Strategic Focus

Potential Activities to Achieve Success:

- Schedule quarterly meetings of the New Mexico Hepatitis C Alliance Catalysts that incorporate elements of recognition, celebration, and general fun.
- Schedule semi-annual meetings of the full New Mexico Hepatitis C Alliance that incorporate elements of recognition, celebration, and general fun.

Potential Measures of Success:

- 90% of original Alliance members continue to participate in Alliance-sponsored activities.
- 95% of original Alliance “Catalysts” continue to serve in that role.
- Increase in the number of new members joining the Alliance.

Internal Communications refers to ways of sharing information among the members within the New Mexico Hepatitis C Alliance. Effective internal communications incorporates mechanisms for receiving and responding to feedback.

**Catalyst
Champion**

INTERNAL
COMMUNICATIONS
STRATEGIES

*Karen
Gonzales*

SUPPORTING PROCESS: EXTERNAL COMMUNICATIONS

Early Results Strategy

Develop the capabilities and content of the “NM HepLine” website to serve as a resource for people infected and affected.

Rationale for this Strategy: The NM HepLine website is an existing tool with the potential for serving as an effective primary source of public information about hepatitis C.

Target Audiences: The general public, health professionals, persons living with hepatitis C, caregivers of people living with hepatitis C, school health educators and providers

Potential Activities to Achieve Success:

- Develop a library of hepatitis C educational materials and post on NM HepLine.
- Create a web-based mechanism for communities to report progress and activities.
- Create a web-based mechanism for individuals to post questions and receive timely responses.
- For individuals without access to a computer, create bulletins of new hepatitis C information, Alliance activities, and resources.
- Develop interactive maps of New Mexico, highlighting areas of activity and people to contact for information.

Potential Measures of Success:

- Increasing number of “hits” on NM HepLine.
- People visiting NM HepLine report that the site is both user friendly and an excellent source of information about hepatitis C.

SUPPORTING PROCESS: EXTERNAL COMMUNICATIONS

Foundational Strategy

Identify and cultivate “10 Most Wanted” proponents of the vision and spokespersons for the New Mexico Hepatitis C Initiative throughout New Mexico.

Rationale for this Strategy: Given the size of the state, its diversity, and distance between population areas, identifying willing champions for change in all parts of New Mexico will be critical to achieving the vision.

Target Audiences: Mayors, Council Members, School Superintendents and Boards, local Legislators, local business people, other local opinion leaders.

Potential Activities to Achieve Success:

- With the help of Alliance members, identify key decision makers and opinion leaders in communities throughout New Mexico.
- Meet with local leaders to introduce them to the issues surrounding hepatitis C in New Mexico and opportunities to address it through community leadership and participation.
- Publicly recognize and celebrate the role that the vision carriers are playing to help to achieve the vision.

Potential Measures of Success:

- Increase in the number of community-based vision carriers in New Mexico.
- Increase in the number of key communities with active vision carriers.

External Communications refers to the processes and vehicles for sharing information with the public and with targeted audiences. Effective external communications incorporates mechanisms for receiving and responding to feedback.

**Catalyst
Champion**

EXTERNAL
COMMUNICATIONS
STRATEGIES

DOH
Hepatitis
Program
Manager

SUPPORTING PROCESS: ONGOING EVALUATION

Early Results Strategy

Core Process Champions will work with Catalyst Champion for Ongoing Evaluation to monitor and assist in the achievement of the measures of success for all strategic initiatives.

Rationale for this Strategy: Monitoring measures of strategy success helps to ensure the realization of the Alliance’s vision. By evaluating success regularly, activities that do not produce the desired results can be adjusted and/or discontinued.

Target Audiences: Stakeholders, general public

Potential Activities to Achieve Success:

- Catalyst Champion meets with Core Process Champions to discuss identified measures of success and strategies, and establish timelines for achieving measures of success for the New Mexico Hepatitis C Initiative.
- Identify measures of success for each strategy and data source.
- Determine data collection mechanisms.
- Create tools and surveys for data collection where none currently exist.
- Determine who is responsible for collecting the data.
- Determine frequency of data collection.
- Determine short-term and long-term targets.
- Report progress made on measures of success to the Alliance.

Potential Measures of Success:

- Measures of success are identified for the overall initiative and for each strategy.
- Data are collected and analyzed according to the schedule determined by the Alliance.

SUPPORTING PROCESS: ONGOING EVALUATION

Foundational Strategy

Convene the Hepatitis C Alliance Catalysts on a regular basis to review progress and recommend evidence-based adjustments to strategy.

Rationale for this Strategy: For a “whole systems strategy” to be effective, diverse members of the system must contribute to evaluating its effectiveness and recommend adjustments or changes required.

Target Audiences: New Mexico Hepatitis C Catalysts

Potential Activities to Achieve Success:

- Educate Catalysts about evidence-based tools and practices.
- Meet with Catalysts at least twice per year to review progress.
- Document recommended activity and strategy adjustments.

Potential Measures of Success:

- Progress is reported on a regular basis to the Alliance.
- Evidence-based adjustments to strategy are made as needed.

Ongoing Evaluation refers to the processes of monitoring and evaluating the effectiveness of the Hepatitis C Strategy to achieve the Alliance’s vision.

**Catalyst
Champion**
ONGOING
EVALUATION
STRATEGIES
*Karen
Gonzales*

SUPPORTING PROCESS: RESEARCH

Early Results Strategy

Create a research function within the NM Hepatitis C Alliance to gather and review existing research and recommendations to support Core Process strategies.

Rationale for this Strategy: The success of the NMHCA Strategy relies in part on having current data and information that will inform ongoing planning, design, development, implementation, and modification of the Alliance's Core Process strategies.

Target Audiences: Communities throughout New Mexico that are working to implement the NMHCA Strategy, the general population, populations at high risk for hepatitis C, and the Alliance

Potential Activities to Achieve Success:

- Establish a system for accessing, gathering, cataloging, reviewing, and distributing national and international research related to all aspects of hepatitis C.
- Partner closely with the Office of Epidemiology hepatitis C surveillance program, the UNM Health Sciences Center, and the UNM Institute of Public Health.
- Identify strategic activities requiring evidence-based rationale and supporting recommendations.

Potential Measures of Success:

- Access to robust and current hepatitis C-related research is available on the NM Hepatitis C Alliance website, as well as in print form.
- All Alliance Strategies have well-developed "rationale" and justification based on quality evidence and national recommendations.

SUPPORTING PROCESS: RESEARCH

Foundational Strategy

The NM Hepatitis C Alliance will conduct an ongoing, systematic search to identify and determine the best evidence-based recommendations related to Alliance strategies.

Rationale for this Strategy: As research occurs nationally and internationally, recommendations from national partners, including CDC and US Public Health Service, may change. Alliance strategies may also shift to increase impact and support desired outcomes, based on Ongoing Evaluation activities. The Alliance must be poised to incorporate evidence-based developments and changes into strategy and recommendations.

Target Audiences: The Alliance, communities throughout New Mexico that are working to implement the NMHCA Strategy

Potential Activities to Achieve Success:

- Use the results of the "Ongoing Evaluation" Supporting Process to direct research efforts and create evidence-based recommendations for improved strategy.
- Incorporate new recommendations available from other national partners into documentation distributed to the Alliance.
- Incorporate appropriate aspects of "model programs" developed by partner organizations and other jurisdictions into new action plans.

Potential Measures of Success:

- All Alliance Strategies continue to have well-developed "rationale" and justification based on evidence and national recommendations.

Research is the ongoing and systematic collection, analysis, interpretation, and reporting of data to create new knowledge.

**Catalyst
Champion**
RESEARCH
STRATEGIES
*Clay
Dillingham*

A GUIDE FOR IDENTIFYING YOUR COMMUNITY’S STRATEGIC OPPORTUNITIES

Bringing the New Mexico Hepatitis C Strategy To Your Community

The New Mexico Hepatitis C Alliance knows that any strategic plan is only useful if it is implemented. The *Vision and Strategy for Hepatitis C* was developed with full awareness that New Mexico is a diverse and culturally rich state, and that each community has unique challenges, strengths, and needs. For example, we know that approaches that work well in Española may not necessarily meet the needs of Roswell, Farmington, or Silver City. Consequently, “cookie cutter” methods for addressing complex problems are likely to fail.

It is with this in mind that we have created some “work book” style pages to help communities to identify their own needs, strengths, and leverage points for change as they relate to the strategy. We hope you find this approach helpful as you join us in our quest to achieve our vision of “*a compassionate, non-judgmental society that ensures education and universal, equitable access to resources to prevent, manage, and cure HCV infection, and support all of those infected and affected by this disease.*”

In the Spirit of Good Health,

The Members of the New Mexico Hepatitis C Alliance

Step One – Identify What’s Happening in Your Community

What is the hepatitis C “story” in your community? With a group of interested colleagues, write a couple of paragraphs that describe the current reality in your area. You might want to begin by answering these questions:

- What do people know about hepatitis C?
- How accurate is that knowledge?
- How many people are known to be infected?
- What is the situation regarding IV drug use?
- What kind of education regarding hepatitis C is currently available? Who has access to this education?
- What stigmas exist that may prevent this disease from being openly discussed?
- How accessible is good health care?
- What do providers know about hepatitis C?
- How many providers in your area are treating patients with this disease?
- What resources are available for education, testing, and treatment?

This may seem tedious at first, but it is a very important first step along the journey toward identifying the strategic actions that will be most effective in your community.

Our Community’s Hepatitis C Story

Step Two – Identifying Your Community’s Strengths and Leverage Points

Just as every community has its own unique problems, each community also has its own strengths and “leverage points” for positive change. Perhaps you have an exceptional public school system, community health council, or local government. Maybe you have an especially committed group of health care providers, or a particularly active faith community. Or perhaps you have successfully tackled another health or social issue in your area. These are all positive attributes and influences which can help you to decide how to approach the problem of hepatitis C and who you can likely count on for help. Make a list of all of the “positives” in your community.

Our Community’s Positive Attributes and Leverage Points for Change Are:

Step Three – Identifying Specific Needs

Based on what you have learned about your community’s current reality, you will now want to think about what needs to happen in your community to move toward achieving the vision for hepatitis C. The following “gap analysis template” will help you to think through this step. With a group of interested colleagues, complete columns one and two:

1.What is Currently Happening in Our Community?	2.What Needs to Happen to Achieve the Vision?	3.Which Areas of Strategic Focus in the NM Hepatitis C Strategy will help us to Close the Gap?

Step Four - Identifying the Areas of Strategic Focus Most Closely Aligned with Addressing Our Community’s Needs

After completing the first two columns of the gap analysis template, spend a few minutes reviewing the Core Process Areas of Strategic Focus in the state-wide strategy. Here is a review:

- Prevention**

 - Early Results Strategy: Increase the number of pharmacies throughout New Mexico that sell syringes without prescriptions.
 - Foundational Strategy: Focus on prevention in jails, capitalizing on lessons learned from the Public Health/Metropolitan Detention Center (MDC) partnership model.
- Screening and Testing for Early Detection**

 - Early Results Strategy: Increase hepatitis C testing among people at high risk.
 - Foundational Strategy: Implement hepatitis C screening and testing in jails throughout New Mexico.
- Public Education**

 - Early Results Strategies:
 - Focus on General Adult Population: Identify and disseminate hepatitis C messages and materials that will educate the general population.
 - Focus on Youth: Ensure that viral hepatitis information is provided to every middle and high school in New Mexico.
 - Focus on Populations at High Risk for Hepatitis C: Provide training and materials for distribution through organizations that provide services to high-risk people throughout New Mexico.
 - Foundational Strategy: Include viral hepatitis information as a mandatory part of the health curriculum in every middle and high school in the state of New Mexico.
- Professional Training**

 - Early Results Strategy: Provide hepatitis C training to all health professionals throughout New Mexico.
 - Foundational Strategy: Create a comprehensive ongoing educational process to ensure health professionals throughout New Mexico have access to current hepatitis C information and “best practices.”
- Treatment**

 - Early Results Strategy: Increase the number of health care providers who provide hepatitis C treatment in rural areas of New Mexico.
 - Foundational Strategy: Expand Medicaid eligibility criteria to include uninsured and underinsured people living with hepatitis C.

Reducing Health Consequences

- Early Results Strategy: Educate people living with hepatitis C on the importance of reducing alcohol consumption and the progression of liver disease associated with alcohol consumption.
- Foundational Strategy: Increase the availability and accessibility of hepatitis A and B vaccine to persons living with hepatitis C.

Client and Caregiver Support

- Early Results Strategy: Increase the quality of hepatitis C information provided through support groups to people living with hepatitis C.
- Foundational Strategy: Increase the number of support groups for family members and caregivers of persons living with hepatitis C.

Surveillance

- Early Results Strategy: Design, test and refine an effective system within the Department of Health for statewide hepatitis C surveillance.
- Foundational Strategy: Implement the New Mexico hepatitis C surveillance system.

Given the realities, needs, and community strengths and positive attributes you have identified, which of these areas of strategic focus, if implemented in your community, could help to close the gap between today's reality and tomorrow's vision? Complete column three of your gap analysis to identify the two or three strategies that would be most effectively implemented in your community.

Identifying just two or three of the strategies and exploring how to most effectively implement them according to your specific needs will enable you to develop the focus you will need to be successful in your actions.

Now you're thinking strategically and are ready for action!

Hepatitis C: What Is It?

Hepatitis C is a disease caused by the hepatitis C virus (HCV). Infection with HCV can impair the liver's ability to function properly. Liver damage may eventually lead to cirrhosis (tissue scarring), liver cancer, liver failure, and death. Cirrhosis can take many years to develop, and most people do not know they have hepatitis C until years after they became infected.

Why is the liver important?

The liver is vital to life, performing over 500 important functions, such as converting food into energy; sending energy and nourishment through the blood to needy cells; storing nutrients, fats, and vitamins; and making proteins, including proteins needed to help blood clot. The liver also acts as a filter to clean wastes and poisons, such as alcohol and drugs, from the blood.

How serious is hepatitis C?

Because the effects on the liver from hepatitis C develop slowly, the disease is serious for some people, while for others it is not. Most people who get hepatitis C carry the virus for the rest of their lives. After many years of infection, some of those people will develop cirrhosis, liver cancer or liver failure.

How do you get hepatitis C?

The hepatitis C virus is found in the blood. It is spread when infected blood from one person comes into contact with the blood of another. The sharing of needles and drug paraphernalia while injecting drugs is the most common way of contracting hepatitis C. A person is also at risk if he or she received a blood transfusion or organ transplant prior to 1992, blood-clotting products prior to 1987, or long-term hemodialysis.

Healthcare workers exposed to accidental needle sticks and children born to hepatitis C-positive mothers can also become infected. Sexual transmission of hepatitis C does occur, but the virus is not easily spread in this manner. Having multiple sex partners and a history of sexually transmitted diseases (STDs) increases the risk of sexual transmission.

Hepatitis C **is NOT spread** through casual contact, or by using swimming pools, toilets and water fountains. It **is NOT spread** by coughing, sneezing, hugging, sharing eating utensils or drinking glasses, or through breastfeeding.

What are the symptoms of hepatitis C?

Many persons with hepatitis C have no symptoms at all, but some will notice mild to severe symptoms such as: "Flu-like" symptoms, abdominal discomfort, loss of appetite, nausea, vomiting, fatigue, weight loss, and sometimes yellowing of the skin and eyes (jaundice).

New Mexico Hepatitis C Resources

NEW MEXICO DEPARTMENT OF HEALTH PHONE NUMBERS:

Hepatitis Prevention Program	Donald Torres Acting Hepatitis Program Manager	(505) 476-3614
	Karen Gonzales Hepatitis C Coordinator	(505) 476-3076
	Clay Dillingham Hepatitis B Coordinator	(505) 476-3626
Office of Epidemiology		(505) 827-0006
Scientific Laboratory Division	Virology/Serology	(505) 841-2535

WEB ADDRESSES:

NMDOH home page	www.health.state.nm.us
NM Hepatitis home page	www.healthlinknm.org/nmheplink
CDC home page	www.cdc.gov
CDC Hepatitis	www.cdc.gov/hepatitis
	www.cdc.gov (then search for hepatitis)
CDC’s MMWR Hepatitis C publication	www.cdc.gov/mmwr/PDF/RR/RR4719.pdf
American Liver Foundation	www.liverfoundation.org
Hepatitis C Advocate	www.hcvadvocate.org
Hepatitis Foundation International	www.hepfi.org

EMAIL ADDRESS:

NMDOH Hepatitis Program	hepatitis@doh.state.nm.us
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HEPATITIS C CATALYST CHAMPIONS

Contact the New Mexico Hepatitis Program if you wish to locate an Alliance Member or Hepatitis C Catalyst Champion in any of the areas of strategic focus.	(505) 476-3076
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HEPATITIS C SUPPORT GROUP

Contact the New Mexico Hepatitis Program for more information on hepatitis C support groups in your area.	(505) 476-3076
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New Mexico Hepatitis C Alliance Members

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Brown, Pam <i>NM Corrections Department</i>	Greher, Marian <i>Conference Planning & Management</i>	Lattanza, Billie* <i>NM Department of Health</i>
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	Hoffman, Leslie <i>Associated Press</i>	Lyell, Cindy <i>NM Department of Health</i>

* A New Mexico Hepatitis C Catalyst Member

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